DEX PREP

Mirotone (NZ) LTD

Version No: **5.1.1.1**
Safety Data Sheet according to HSNO Regulations

Issue Date: **03/04/2019**
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L.GHS.NZL.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	DEX PREP
Synonyms	Product Code: 4930
Proper shipping name	CORROSIVE LIQUID, N.O.S. (contains oxalic acid)
Other means of identification	Not Available

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Use according to manufacturer's directions. A timber brightener that cleans and brightens weathered and grey timber and assists in opening the timber grain to allow coating penetration.

Details of the supplier of the safety data sheet

Registered company name	**Mirotone (NZ) LTD**
Address	32 Cryers Road East Tamaki, Auckland New Zealand
Telephone	+64 800 346 474
Fax	+64 800 346 434
Website	www.mirotone.co.nz
Email	information@mirotone.co.nz

Emergency telephone number

Association / Organisation	**Not Available**
Emergency telephone numbers	111 FIRE AND EMERGENCY
Other emergency telephone numbers	0800 764 766 NATIONAL POISON CENTRE

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Classification [1]	Metal Corrosion Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 5, Skin Corrosion/Irritation Category 1B, Serious Eye Damage Category 1, Chronic Aquatic Hazard Category 3
Legend:	*1. Classification by vendor; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*
Determined by Chemwatch using GHS/HSNO criteria	6.1D (dermal), 6.1D (oral), 6.1E (inhalation), 8.1A, 8.2B, 8.3A, 9.1C

Label elements

Hazard pictogram(s)	

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SIGNAL WORD	DANGER

Hazard statement(s)

H290	May be corrosive to metals.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H333	May be harmful if inhaled.
H314	Causes severe skin burns and eye damage.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original packaging.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P363	Wash contaminated clothing before reuse.
P304+P312	IF INHALED: Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P390	Absorb spillage to prevent material damage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
144-62-7	5-15	oxalic acid
9002-92-0	0-5	lauryl alcohol, ethoxylated
141-43-5	0-5	ethanolamine
7732-18-5	balance	water

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes:

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	▸ Immediately hold eyelids apart and flush the eye continuously with running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay. ▸ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▸ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▸ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▸ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. **This must definitely be left to a doctor or person authorised by him/her.** (ICSC13719)
Ingestion	▸ For advice, contact a Poisons Information Centre or a doctor at once. ▸ Urgent hospital treatment is likely to be needed. ▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

▸ Effective therapy against burns from oxalic acid involves replacement of calcium.
▸ Intravenous oxalic acid is substantially excreted (88% - 90%) in the urine within 36 hours.

Treat symptomatically.

For acute or short term repeated exposures to strong acids:

▸ Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
▸ Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
▸ Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
▸ Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

▸ Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
▸ **DO NOT** attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
▸ Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
▸ Charcoal has no place in acid management.
▸ Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

▸ Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
▸ Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

▸ Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. **DO NOT** use neutralising agents or any other additives. Several litres of saline are required.
▸ Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
▸ Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short-term repeated exposures to highly alkaline materials:

▸ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
▸ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
▸ Oxygen is given as indicated.
▸ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
▸ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

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Alkalis continue to cause damage after exposure.
INGESTION:
- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.
* Activated charcoal does not absorb alkali.
* Gastric lavage should not be used.

Supportive care involves the following:
- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:
- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

Treatment must be prompt.
- Give immediately by mouth, a dilute solution of any soluble calcium salt; calcium lactate, lime water, finely pulverised chalk or plaster suspended in a large volume of water or milk. Large amounts of calcium are required to inactivate oxalate by precipitating it as the insoluble calcium salt. Do NOT give an emetic drug.
- Perform gastric lavage carefully or not at all if severe mucosal injury is evident. Dilute lime water (calcium hydroxide) makes a good lavage fluid if used in large quantity.
- Administer a slow intravenous injection of 10-20 ml of calcium gluconate (10% solution) or of calcium chloride (5% solution). This injection may be repeated frequently to prevent hypocalcaemic tetany. Calcium gluconate (10 m) may also be given intramuscularly every few hours. Calcium compounds are never given subcutaneously; even the intramuscular route is hazardous in infants because of the incidence of sloughing.
- In severe cases parathyroid extract (100 USP units) should be given intramuscularly.
- Morphine may be necessary to control pain.
- Treat shock by cautious intravenous injection of isotonic saline solution. Check for metabolic acidosis and infuse sodium bicarbonate if necessary.
- Watch for oedema of the glottis late formation of oesophageal stricture.
- Useful demulcents by mouth include milk of magnesia, bismuth subcarbonate, and mineral oil.
- Prophylactic and therapeutic measures in anticipation of renal damage.

[GOSSELIN SMITH HODGE: Clinical Toxicology of Commercial Products]

Oxalates are readily metabolized to oxalic acid in the body. Oxalic acid is excreted in the urine at a rate of 8-40 mg/day in healthy normal men and women. About half is excreted as oxalic acid and half as magnesium, calcium or other salts. Ingested oxalic acid is also excreted in the feces. In rats, approximately half of ingested oxalic acid is destroyed by bacterial action and about 25% is excreted unchanged in the feces. In humans, calcium oxalate is deposited in the kidneys as crystals and may be deposited in non-crystalline form, bound to lipid, in the liver and other body tissues.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.
Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.
In such an event consider:
- foam.
- dry chemical powder.
- carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use fire fighting procedures suitable for surrounding area. ▸ **Do not** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Non combustible. ▸ Not considered to be a significant fire risk. ▸ Acids may react with metals to produce hydrogen, a highly flammable and explosive gas. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers.

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	▸ May emit corrosive, poisonous fumes. May emit acrid smoke. carbon dioxide (CO_2) other pyrolysis products typical of burning organic material.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	▸ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▸ Check regularly for spills and leaks. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	Chemical Class:acidic compounds, organic For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL - SMALL				
wood fiber - pillow	1	throw	pitchfork	R, P, DGC, RT
cross-linked polymer - particulate	1	shovel	shovel	R,W,SS
cross-linked polymer - pillow	1	throw	pitchfork	R, DGC, RT
sorbent clay - particulate	2	shovel	shovel	R, I, P
foamed glass - pillow	2	throw	pitchfork	R, P, DGC, RT
wood fiber - particulate	3	shovel	shovel	R, W, P, DGC
LAND SPILL - MEDIUM				
cross-linked polymer -particulate	1	blower	skiploader	R, W, SS
polypropylene - particulate	2	blower	skiploader	W, SS, DGC
sorbent clay - particulate	2	blower	skiploader	R, I, P
cross-linked polymer - pillow	3	throw	skiploader	R, DGC, RT
polypropylene - mat	3	throw	skiploader	W, SS, DGC
expanded mineral - particulate	3	blower	skiploader	R, I, W, P, DGC

Legend
DGC: Not effective where ground cover is dense
R; Not reusable
I: Not incinerable
P: Effectiveness reduced when rainy
RT:Not effective where terrain is rugged
SS: Not for use within environmentally sensitive sites
W: Effectiveness reduced when windy
Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;
R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988
Chemical Class: bases
For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL - SMALL				
cross-linked polymer - particulate	1	shovel	shovel	R,W,SS
cross-linked polymer - pillow	1	throw	pitchfork	R, DGC, RT

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sorbent clay - particulate	2	shovel	shovel	R, I, P
foamed glass - pillow	2	throw	pitchfork	R, P, DGC, RT
expanded minerals - particulate	3	shovel	shovel	R, I, W, P, DGC
foamed glass - particulate	4	shovel	shovel	R, W, P, DGC,

LAND SPILL - MEDIUM

cross-linked polymer -particulate	1	blower	skiploader	R,W, SS
sorbent clay - particulate	2	blower	skiploader	R, I, P
expanded mineral - particulate	3	blower	skiploader	R, I,W, P, DGC
cross-linked polymer - pillow	3	throw	skiploader	R, DGC, RT
foamed glass - particulate	4	blower	skiploader	R, W, P, DGC
foamed glass - pillow	4	throw	skiploader	R, P, DGC., RT

Legend
DGC: Not effective where ground cover is dense
R; Not reusable
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P: Effectiveness reduced when rainy
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Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;
R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue (see Section 13 for specific agent).
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling

- **DO NOT** allow clothing wet with material to stay in contact with skin
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- **WARNING:** To avoid violent reaction, **ALWAYS** add material to water and **NEVER** water to material.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, **DO NOT** eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storage and handling recommendations contained within this SDS.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Other information

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storage and handling recommendations contained within this SDS.
- **DO NOT** store near acids, or oxidising agents
- No smoking, naked lights, heat or ignition sources.

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Conditions for safe storage, including any incompatibilities

Suitable container	▸ **DO NOT** use aluminium or galvanised containers ▸ Check regularly for spills and leaks ▸ Lined metal can, lined metal pail/ can. ▸ Plastic pail. ▸ Polyliner drum. ▸ Packing as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks. For low viscosity materials ▸ Drums and jerricans must be of the non-removable head type. ▸ Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.): ▸ Removable head packaging; ▸ Cans with friction closures and ▸ low pressure tubes and cartridges may be used. - Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.
Storage incompatibility	Oxalic acid (and its dihydrate): ▸ react violently with strong oxidisers, bromine, furfuryl alcohol, hydrogen peroxide (90%), phosphorous trichloride, silver powders ▸ reacts explosively with chlorites and hypochlorites ▸ mixture with some silver compounds form explosive salts of silver oxalate ▸ is incompatible with caustics and alkalis, urea, alkaline metals and steel ▸ attacks polyvinyl alcohol and acetal plastics ▸ Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. ▸ Segregate from alkalies, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates. ▸ Avoid strong bases. ▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▸ Avoid contact with copper, aluminium and their alloys.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	oxalic acid	Oxalic acid	1 mg/m3	2 mg/m3	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	ethanolamine	Ethanolamine (2-Aminoethanol)	3 ppm / 7.5 mg/m3	15 mg/m3 / 6 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
oxalic acid	Oxalic acid, anhydrous; (Ethanedioic acid)	2 mg/m3	20 mg/m3	500 mg/m3
lauryl alcohol, ethoxylated	Brij-35; (alpha-Dodecyl-omega-hydroxypoly(oxyethylene))	2.9 mg/m3	31 mg/m3	200 mg/m3
ethanolamine	Ethanolamine	6 ppm	170 ppm	1,000 ppm

Ingredient	Original IDLH	Revised IDLH
oxalic acid	500 mg/m3	Not Available
lauryl alcohol, ethoxylated	Not Available	Not Available
ethanolamine	30 ppm	Not Available
water	Not Available	Not Available

MATERIAL DATA

There is only scant data regarding the toxicology of industrial exposure to airborne oxalates. There is no data regarding potential systemic toxicity or bioavailability of inhaled oxalates. The TLV-TWA (corresponding to 0.27 ppm on a molecular basis) is comparable to that of sulfuric acid and phosphoric acid and is thought to provide protection against the risk of eye and skin burns and respiratory tract irritation.
The recommendation for a STEL is added to prevent irritation of skin and mucous membranes.

for monoethanolamine:

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Odour threshold: 3-4 ppm.
Continuous exposure at 5 ppm produced only slight systemic effects. Intermittent exposure produces a lesser degree of toxicity in laboratory animals.
This decreased toxicity is related to the rate of elimination;
the longer retained, the greater the toxicity,. The TLV-TWA is thought to be protective against the risk of irritation and neuropathic effects.
Odour Safety Factor (OSF)
OSF=0.77 (ETHANOL AMINE)

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.
An approved self contained breathing apparatus (SCBA) may be required in some situations.
Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Personal protection

Eye and face protection

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

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Skin protection	See Hand protection below
Hands/feet protection	‣ Wear chemical protective gloves, e.g. PVC. ‣ Wear safety footwear or safety gumboots, e.g. Rubber ‣ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. **NOTE:** ‣ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ‣ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and.has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Body protection	See Other protection below
Other protection	‣ Overalls. ‣ PVC Apron. ‣ PVC protective suit may be required if exposure severe. ‣ Eyewash unit. ‣ Ensure there is ready access to a safety shower.

Respiratory protection

Type ABK-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.
Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	ABK-AUS P2	-	ABK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	ABK-AUS / Class 1 P2	-
up to 100 x ES	-	ABK-2 P2	ABK-PAPR-2 P2 ^

Continued...

^ - Full-face
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Clear green liquid; miscible with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.07-1.12
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	100 approx	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Applicable	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	2.3 @20C	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	- Contact with alkaline material liberates heat - Unstable in the presence of incompatible materials. - Product is considered stable. - Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often

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	results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Inhalation of oxalic acid dusts or vapours can cause ulceration of the mucous membranes of the nose and throat, epistaxis (nosebleed), headache and nervousness. The airborne dust behaves as a strong acid producing severe local burns of the mucous membranes. Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema. Inhalation of alkaline corrosives may produce irritation of the respiratory tract with coughing, choking, pain and mucous membrane damage. Pulmonary oedema may develop in more severe cases; this may be immediate or in most cases following a latent period of 5-72 hours. Symptoms may include a tightness in the chest, dyspnoea, frothy sputum, cyanosis and dizziness. Findings may include hypotension, a weak and rapid pulse and moist rales. Inhalation of soluble oxalates produces irritation of the respiratory tract. Systemic effects may include protein in the urine (albuminuria), ulceration of the mucous membranes, headaches, nervousness, cough, vomiting, emaciation, back pain (due to kidney injury) and weakness. Inhalation of soluble oxalates over a long period of time might result in weight loss and respiratory tract inflammation.
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Oxalic acid is a minor, normal body constituent occurring in blood at approximately 0.150 mg/100 ml and in kidney, muscle and liver at about 0.050 mg/100 ml dry weight, but higher concentrations are toxic. Ingestion of 5 grams has caused death within hours. It is a systemic poison which affects the central nervous system and kidney function. Low doses (i.e. excess in blood) may cause hypocalcemia (presence in the blood of an abnormally low concentration of calcium). Oxalic acid occurs naturally in the common weed Oxalis, `sour sobs'. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. Ingestion of alkaline corrosives may produce immediate pain, and circumoral burns. Mucous membrane corrosive damage is characterised by a white appearance and soapy feel; this may then become brown, oedematous and ulcerated. Profuse salivation with an inability to swallow or speak may also result. Even where there is limited or no evidence of chemical burns, both the oesophagus and stomach may experience a burning pain; vomiting and diarrhoea may follow. The vomitus may be thick and may be slimy (mucous) and may eventually contain blood and shreds of mucosa. Epiglottal oedema may result in respiratory distress and asphyxia. Marked hypotension is symptomatic of shock; a weak and rapid pulse, shallow respiration and clammy skin may also be evident. Circulatory collapse may occur and, if uncorrected, may produce renal failure. Severe exposures may result in oesophageal or gastric perforation accompanied by mediastinitis, substernal pain, peritonitis, abdominal rigidity and fever. Although oesophageal, gastric or pyloric stricture may be evident initially, these may occur after weeks or even months and years. Death may be quick and results from asphyxia, circulatory collapse or aspiration of even minute amounts. Death may also be delayed as a result of perforation, pneumonia or the effects of stricture formation.
Skin Contact	Skin contact with the material may be harmful; systemic effects may result following absorption. The material can produce chemical burns following direct contact with the skin. Solutions of 5% to 10% oxalic acid are irritating to the skin after prolonged contact; early gangrene may occur after hand immersion in oxalate solutions. Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue. Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep. Open cuts, abraded or irritated skin should not be exposed to this material Oxalate ion is an irritant and may cause dermatitis. Following contact skin lesions may develop. Epithelial cracking and slow-healing ulceration may follow.They fingers may appears cyanotic.
Eye	The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Irritation of the eyes may produce a heavy secretion of tears (lachrymation). Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage.

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	The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness. Direct contact with alkaline corrosives may produce pain and burns. Oedema, destruction of the epithelium, corneal opacification and iritis may occur. In less severe cases these symptoms tend to resolve. In severe injuries the full extent of the damage may not be immediately apparent with late complications comprising a persistent oedema, vascularisation and corneal scarring, permanent opacity, staphyloma, cataract, symblepharon and loss of sight.
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals. Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). Asthmatics appear to be at particular risk for pulmonary effects. Chronic exposure to oxalates may result in circulatory failure or nervous system irregularities may follow prolonged calcium metabolism due to oxalation. Sharp reduction of serum calcium, following exposure, can cause dysfunction of head and brain. Calcium may be deposited in the liver and kidneys leading to damage. Circulatory failure or nervous system irregularities may follow prolonged calcium metabolism disturbances Prolonged and severe exposure can cause chronic cough, albuminuria, vomiting, pain in the back and gradual emaciation and weakness. Prolonged or repeated overexposure may result in delayed liver and/or kidney damage. Certain rare individuals are subject to oxalosis (deposition of oxalates in the kidneys) and are unusually reactive to any exposure. Rats administered oxalic acid at 2.5 and 5% in the diet for 70 days developed depressed thyroid function and weight loss. A study of railroad car cleaners in Norway who were heavily exposed to oxalic acid solutions and vapors revealed a 53% prevalence of urolithiasis (the formation of urinary stones), compared to a rate of 12% among unexposed workers from the same company. In a multigeneration study in mice, toxic effects in pups were seen only at maternally toxic doses. Oxalic acid is negative for genotoxicity in reverse mutation assays.

DEX PREP	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
oxalic acid	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: =20000 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
	Oral (rat) LD50: =375 mg/kg[2]	Skin: no adverse effect observed (not irritating)[1]
lauryl alcohol, ethoxylated	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 0.75 mg/24h SEVERE
	Oral (rat) LD50: 1000 mg/kg[2]	Eye (rabbit): 100 mg
		Eye: adverse effect observed (irritating)[1]
		Skin (rabbit): 500 mg/24h mild
		Skin (rabbit): 75 mg/24h mild
		Skin: no adverse effect observed (not irritating)[1]
ethanolamine	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 1000 mg/kg[2]	Eye (rabbit): 0.76 mg - SEVERE
	Oral (rat) LD50: >500 mg/kg[2]	Skin (rabbit):505 mg open-moderate
water	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >90000 mg/kg[2]	Not Available
Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*	

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DEX PREP	for acid mists, aerosols, vapours Data from assays for genotoxic activity in vitro suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events in vivo in the respiratory system, comparison should be made with the human stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH in vivo differ from exposures *in vitro* in that, *in vivo*, only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than in vitro.
LAURYL ALCOHOL, ETHOXYLATED	Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air. Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture . On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficult to diagnose ACD to these compounds by patch testing. Allergic Contact Dermatitis––Formation, Structural Requirements,and Reactivity of Skin Sensitizers. Ann-Therese Karlberg et al; Chem. Res. Toxicol.2008,21,53-69 Polyethylene glycols (PEGs) have a wide variety of PEG-derived mixtures due to their readily linkable terminal primary hydroxyl groups in combination with many possible compounds and complexes such as ethers, fatty acids, castor oils, amines, propylene glycols, among other derivatives. PEGs and their derivatives are broadly utilized in cosmetic products as surfactants, emulsifiers, cleansing agents, humectants, and skin conditioners. PEGs and PEG derivatives were generally regulated as safe for use in cosmetics, with the conditions that impurities and by-products, such as ethylene oxides and 1,4-dioxane, which are known carcinogenic materials, should be removed before they are mixed in cosmetic formulations. Most PEGs are commonly available commercially as mixtures of different oligomer sizes in broadly- or narrowly-defined molecular weight (MW) ranges. For instance, PEG-10,000 typically designates a mixture of PEG molecules (n = 195 to 265) having an average MW of 10,000. PEG is also known as polyethylene oxide (PEO) or polyoxyethylene (POE), with the three names being chemical synonyms. However, PEGs mainly refer to oligomers and polymers with molecular masses below 20,000 g/mol, while PEOs are polymers with molecular masses above 20,000 g/mol, and POEs are polymers of any molecular mass. Relatively small molecular weight PEGs are produced by the chemical reaction between ethylene oxide and water or ethylene glycol (or other ethylene glycol oligomers), as catalyzed by acidic or basic catalysts. To produce PEO or high-molecular weight PEGs, synthesis is performed by suspension polymerization. It is necessary to hold the growing polymer chain in solution during the course of the poly-condensation process. The reaction is catalyzed by magnesium-, aluminum-, or calcium-organoelement compounds. To prevent coagulation of polymer chains in the solution, chelating additives such as dimethylglyoxime are used Safety Evaluation of Polyethyene Glycol (PEG) Compounds for Cosmetic Use: Toxicol Res 2015; 31:105-136 The Korean Society of Toxicology http://doi.org/10.5487/TR.2015.31.2.105 Human beings have regular contact with alcohol ethoxylates through a variety of industrial and consumer products such as soaps, detergents, and other cleaning products . Exposure to these chemicals can occur through ingestion, inhalation, or contact with the skin or eyes. Studies of acute toxicity show that volumes well above a reasonable intake level would have to occur to produce any toxic response. Moreover, no fatal case of poisoning with alcohol ethoxylates has ever been reported. Multiple studies investigating the acute toxicity of alcohol ethoxylates have shown that the use of these compounds is of low concern in terms of oral and dermal toxicity . Clinical animal studies indicate these chemicals may produce gastrointestinal irritation such as ulcerations of the stomach, pilo-erection, diarrhea, and lethargy. Similarly, slight to severe irritation of the skin or eye was generated when undiluted alcohol ethoxylates were applied to the skin and eyes of rabbits and rats. The chemical shows no indication of being a genotoxin, carcinogen, or mutagen (HERA 2007). No information was available on levels at which these effects might occur, though toxicity is thought to be substantially lower than that of nonylphenol ethoxylates. Polyethers, for example, ethoxylated surfactants and polyethylene glycols, are highly susceptible towards air oxidation as the ether oxygens will stabilize intermediary radicals involved. Investigations of a chemically well-defined alcohol (pentaethylene glycol mono-n-dodecyl ether) ethoxylate, showed that polyethers form complex mixtures of oxidation products when exposed to air. Sensitization studies in guinea pigs revealed that the pure nonoxidized surfactant itself is nonsensitizing but that many of the investigated oxidation products are sensitizers. Two hydroperoxides were identified in the oxidation mixture, but only one (16-hydroperoxy-3,6,9,12,15-pentaoxaheptacosan-1-ol) was stable enough to be isolated. It was found to be a strong sensitizer in LLNA (local lymph node assay for detection of sensitization capacity). The formation of other hydroperoxides was indicated by the detection of their corresponding aldehydes in the oxidation mixture . On the basis of the lower irritancy, nonionic surfactants are often preferred to ionic surfactants in topical products. However, their susceptibility towards autoxidation also increases the irritation. Because of their irritating effect, it is difficultto diagnose ACD to these compounds by patch testing. Alcohol ethoxylates are according to CESIO (2000) classified as Irritant or Harmful depending on the number of EO-units: EO < 5 gives Irritant (Xi) with R38 (Irritating to skin) and R41 (Risk of serious damage to eyes)

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EO > 5-15 gives Harmful (Xn) with R22 (Harmful if swallowed) - R38/41
EO > 15-20 gives Harmful (Xn) with R22-41
>20 EO is not classified (CESIO 2000)
Oxo-AE, C13 EO10 and C13 EO15, are Irritating (Xi) with R36/38 (Irritating to eyes and skin) .
AE are not included in Annex 1 of the list of dangerous substances of the Council Directive 67/548/EEC

In general, alcohol ethoxylates (AE) are readily absorbed through the skin of guinea pigs and rats and through the gastrointestinal mucosa of rats. AE are quickly eliminated from the body through the urine, faeces, and expired air (CO2).Orally dosed AE was absorbed rapidly and extensively in rats, and more than 75% of the dose was absorbed. When applied to the skin of humans, the doses were absorbed slowly and incompletely (50% absorbed in 72 hours). Half of the absorbed surfactant was excreted promptly in the urine and smaller amounts of AE appeared in the faeces and expired air (CO2)). The metabolism of C12 AE yields PEG, carboxylic acids, and CO2 as metabolites. The LD50 values after oral administration to rats range from about 1-15 g/kg body weight indicating a low to moderate acute toxicity.

The ability of nonionic surfactants to cause a swelling of the stratum corneum of guinea pig skin has been studied. The swelling mechanism of the skin involves a combination of ionic binding of the hydrophilic group as well as hydrophobic interactions of the alkyl chain with the substrate. One of the mechanisms of skin irritation caused by surfactants is considered to be denaturation of the proteins of skin. It has also been established that there is a connection between the potential of surfactants to denature protein in vitro and their effect on the skin. Nonionic surfactants do not carry any net charge and, therefore, they can only form hydrophobic bonds with proteins. For this reason, proteins are not deactivated by nonionic surfactants, and proteins with poor solubility are not solubilized by nonionic surfactants. A substantial amount of toxicological data and information in vivo and in vitro demonstrates that there is no evidence for alcohol ethoxylates (AEs) being genotoxic, mutagenic or carcinogenic. No adverse reproductive or developmental effects were observed. The majority of available toxicity studies revealed NOAELs in excess of 100 mg/kg bw/d but the lowest NOAEL for an individual AE was established to be 50 mg/kg bw/day. This value was subsequently considered as a conservative, representative value in the risk assessment of AE. The effects were restricted to changes in organ weights with no histopathological organ changes with the exception of liver hypertrophy (indicative of an adaptive response to metabolism rather than a toxic effect). It is noteworthy that there was practically no difference in the NOAEL in oral studies of 90-day or 2 years of duration in rats. A comparison of the aggregate consumer exposure and the systemic NOAEL (taking into account an oral absorption value of 75%) results in a Margin of Exposure of 5,800. Taking into account the conservatism in the exposure assessment and the assigned systemic NOAEL, this margin of exposure is considered more than adequate to account for the inherent uncertainty and variability of the hazard database and inter and intra-species extrapolations.

AEs are not contact sensitisers. Neat AE are irritating to eyes and skin. The irritation potential of aqueous solutions of AEs depends on concentrations. Local dermal effects due to direct or indirect skin contact in certain use scenarios where the products are diluted are not of concern as AEs are not expected to be irritating to the skin at in-use concentrations. Potential irritation of the respiratory tract is not a concern given the very low levels of airborne AE generated as a consequence of spray cleaner aerosols or laundry powder detergent dust.

In summary, the human health risk assessment has demonstrated that the use of AE in household laundry and cleaning detergents is safe and does not cause concern with regard to consumer use.
For high boiling ethylene glycol ethers (typically triethylene- and tetraethylene glycol ethers):
Skin absorption: Available skin absorption data for triethylene glycol ether (TGBE), triethylene glycol methyl ether (TGME), and triethylene glycol ethylene ether (TGEE) suggest that the rate of absorption in skin of these three glycol ethers is 22 to 34 micrograms/cm2/hr, with the methyl ether having the highest permeation constant and the butyl ether having the lowest. The rates of absorption of TGBE, TGEE and TGME are at least 100-fold less than EGME, EGEE, and EGBE, their ethylene glycol monoalkyl ether counterparts, which have absorption rates that range from 214 to 2890 micrograms/ cm2/hr . Therefore, an increase in either the chain length of the alkyl substituent or the number of ethylene glycol moieties appears to lead to a decreased rate of percutaneous absorption. However, since the ratio of the change in values of the ethylene glycol to the diethylene glycol series is larger than that
of the diethylene glycol to triethylene glycol series , the effect of the length of the chain and number of ethylene glycol moieties on absorption diminishes with an increased number of ethylene glycol moieties. Therefore, although tetraethylene glycol methyl; ether (TetraME) and tetraethylene glycol butyl ether (TetraBE) are expected to be less permeable to skin than TGME and TGBE, the differences in permeation between these molecules may only be slight.
Metabolism: The main metabolic pathway for metabolism of ethylene glycol monoalkyl ethers (EGME, EGEE, and EGBE) is oxidation via alcohol and aldehyde dehydrogenases (ALD/ADH) that leads to the formation of an alkoxy acids. Alkoxy acids are the only toxicologically significant metabolites of glycol ethers that have been detected *in vivo.* The principal metabolite of TGME is believed to be 2-[2-(2-methoxyethoxy)ethoxy] acetic acid . Although ethylene glycol, a known kidney toxicant, has been identified as an impurity or a minor metabolite of glycol ethers in animal studies it does not appear to contribute to the toxicity of glycol ethers.
The metabolites of category members are not likely to be metabolized to any large extent to toxic molecules such as ethylene glycol or the mono alkoxy acids because metabolic breakdown of the ether linkages also has to occur
Acute toxicity: Category members generally display low acute toxicity by the oral, inhalation and dermal routes of exposure. Signs of toxicity in animals receiving lethal oral doses of TGBE included loss of righting reflex and flaccid muscle tone, coma, and heavy breathing. Animals administered lethal oral doses of TGEE exhibited lethargy, ataxia, blood in the urogenital area and piloerection before death.
Irritation: The data indicate that the glycol ethers may cause mild to moderate skin irritation. TGEE and TGBE are highly irritating to the eyes. Other category members show low eye irritation.
Repeat dose toxicity: Results of these studies suggest that repeated exposure to moderate to high doses of the glycol ethers in this category is required to produce systemic toxicity
In a 21-day dermal study, TGME, TGEE, and TGBE were administered to rabbits at 1,000 mg/kg/day. Erythema and

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	oedema were observed. In addition, testicular degeneration (scored as trace in severity) was observed in one rabbit given TGEE and one rabbit given TGME. Testicular effects included spermatid giant cells, focal tubular hypospermatogenesis, and increased cytoplasmic vacuolisation . Due to a high incidence of similar spontaneous changes in normal New Zealand White rabbits , the testicular effects were considered not to be related to treatment . Thus, the NOAELs for TGME, TGEE and TGBE were established at 1000 mg/kg/day. Findings from this report were considered unremarkable. A 2-week dermal study was conducted in rats administered TGME at doses of 1,000, 2,500, and 4,000 mg/kg/day . In this study, significantly-increased red blood cells at 4,000 mg/kg/day and significantly-increased urea concentrations in the urine at 2,500 mg/kg/day were observed. A few of the rats given 2,500 or 4,000 mg/kg/day had watery caecal contents and/or haemolysed blood in the stomach These gross pathologic observations were not associated with any histologic abnormalities in these tissues or alterations in haematologic and clinical chemistry parameters. A few males and females treated with either 1,000 or 2,500 mg/kg/day had a few small scabs or crusts at the test site. These alterations were slight in degree and did not adversely affect the rats In a 13-week drinking water study, TGME was administered to rats at doses of 400, 1,200, and 4,000 mg/kg/day. Statistically-significant changes in relative liver weight were observed at 1,200 mg/kg/day and higher. Histopathological effects included hepatocellular cytoplasmic vacuolisation (minimal to mild in most animals) and hypertrophy (minimal to mild) in males at all doses and hepatocellular hypertrophy (minimal to mild) in high dose females. These effects were statistically significant at 4,000 mg/kg/day. Cholangiofibrosis was observed in 7/15 high-dose males; this effect was observed in a small number of bile ducts and was of mild severity. Significant, small decreases in total test session motor activity were observed in the high-dose animals, but no other neurological effects were observed. The changes in motor activity were secondary to systemic toxicity **Mutagenicity:** Mutagenicity studies have been conducted for several category members. All in vitro and in vivo studies were negative at concentrations up to 5,000 micrograms/plate and 5,000 mg/kg, respectively, indicating that the category members are not genotoxic at the concentrations used in these studies. The uniformly negative outcomes of various mutagenicity studies performed on category members lessen the concern for carcinogenicity. **Reproductive toxicity:** Although mating studies with either the category members or surrogates have not been performed, several of the repeated dose toxicity tests with the surrogates have included examination of reproductive organs. A lower molecular weight glycol ether, ethylene glycol methyl ether (EGME), has been shown to be a testicular toxicant. In addition, results of repeated dose toxicity tests with TGME clearly show testicular toxicity at an oral dose of 4,000 mg/kg/day four times greater that the limit dose of 1,000 mg/kg/day recommended for repeat dose studies. It should be noted that TGME is 350 times less potent for testicular effects than EGME. TGBE is not associated with testicular toxicity, TetraME is not likely to be metabolised by any large extent to 2-MAA (the toxic metabolite of EGME), and a mixture containing predominantly methylated glycol ethers in the C5-C11 range does not produce testicular toxicity (even when administered intravenously at 1,000 mg/kg/day). **Developmental toxicity**: The bulk of the evidence shows that effects on the foetus are not noted in treatments with . 1,000 mg/kg/day during gestation. At 1,250 to 1,650 mg/kg/day TGME (in the rat) and 1,500 mg/kg/day (in the rabbit), the developmental effects observed included skeletal variants and decreased body weight gain.
ETHANOLAMINE	While it is difficult to generalise about the full range of potential health effects posed by exposure to the many different amine compounds, characterised by those used in the manufacture of polyurethane and polyisocyanurate foams, it is agreed that overexposure to the majority of these materials may cause adverse health effects. ▸ Many amine-based compounds can induce histamine liberation, which, in turn, can trigger allergic and other physiological effects, including bronchoconstriction or bronchial asthma and rhinitis. ▸ Systemic symptoms include headache, nausea, faintness, anxiety, a decrease in blood pressure, tachycardia (rapid heartbeat), itching, erythema (reddening of the skin), urticaria (hives), and facial edema (swelling). Systemic effects (those affecting the body) that are related to the pharmacological action of amines are usually transient. Typically, there are four routes of possible or potential exposure: inhalation, skin contact, eye contact, and ingestion. **Inhalation:** Inhalation of vapors may, depending upon the physical and chemical properties of the specific product and the degree and length of exposure, result in moderate to severe irritation of the tissues of the nose and throat and can irritate the lungs. Products with higher vapour pressures have a greater potential for higher airborne concentrations. This increases the probability of worker exposure. Higher concentrations of certain amines can produce severe respiratory irritation, characterised by nasal discharge, coughing, difficulty in breathing, and chest pains. Chronic exposure via inhalation may cause headache, nausea, vomiting, drowsiness, sore throat, bronchopneumonia, and possible lung damage. Also, repeated and/or prolonged exposure to some amines may result in liver disorders, jaundice, and liver enlargement. Some amines have been shown to cause kidney, blood, and central nervous system disorders in laboratory animal studies. While most polyurethane amine catalysts are not sensitisers, some certain individuals may also become sensitized to amines and may experience respiratory distress, including asthma-like attacks, whenever they are subsequently exposed to even very small amounts of vapor. Once sensitised, these individuals must avoid any further exposure to amines. Although chronic or repeated inhalation of vapor concentrations below hazardous or recommended exposure limits should not ordinarily affect healthy individuals, chronic overexposure may lead to permanent pulmonary injury, including a reduction in lung function, breathlessness, chronic bronchitis, and immunologic lung disease. Inhalation hazards are increased when exposure to amine catalysts occurs in situations that produce aerosols, mists, or heated vapors. Such situations include leaks in fitting or transfer lines. Medical conditions generally aggravated by inhalation exposure include asthma, bronchitis, and emphysema. **Skin Contact:** Skin contact with amine catalysts poses a number of concerns. Direct skin contact can cause moderate to severe irritation and injury-i.e., from simple redness and swelling to painful blistering, ulceration, and chemical burns. Repeated or prolonged exposure may also result in severe cumulative dermatitis. Skin contact with some amines may result in allergic sensitisation. Sensitised persons should avoid all contact with amine

Continued...

	catalysts. Systemic effects resulting from the absorption of the amines through skin exposure may include headaches, nausea, faintness, anxiety, decrease in blood pressure, reddening of the skin, hives, and facial swelling. These symptoms may be related to the pharmacological action of the amines, and they are usually transient. **Eye Contact:** Amine catalysts are alkaline in nature and their vapours are irritating to the eyes, even at low concentrations. Direct contact with the liquid amine may cause severe irritation and tissue injury, and the “burning” may lead to blindness. (Contact with solid products may result in mechanical irritation, pain, and corneal injury.) Exposed persons may experience excessive tearing, burning, conjunctivitis, and corneal swelling. The corneal swelling may manifest itself in visual disturbances such as blurred or “foggy” vision with a blue tint (“blue haze”) and sometimes a halo phenomenon around lights. These symptoms are transient and usually disappear when exposure ceases. Some individuals may experience this effect even when exposed to concentrations below doses that ordinarily cause respiratory irritation. **Ingestion:** The oral toxicity of amine catalysts varies from moderately to very toxic. Some amines can cause severe irritation, ulceration, or burns of the mouth, throat, esophagus,and gastrointestinal tract. Material aspirated (due to vomiting) can damage the bronchial tubes and the lungs. Affected persons also may experience pain in the chest or abdomen, nausea, bleeding of the throat and the gastrointestinal tract, diarrhea, dizziness, drowsiness, thirst, circulatory collapse, coma, and even death. **Polyurethane Amine Catalysts: Guidelines for Safe Handling and Disposal; Technical Bulletin June 2000 Alliance for Polyurethanes Industry** * Bayer
DEX PREP & OXALIC ACID & LAURYL ALCOHOL, ETHOXYLATED & ETHANOLAMINE	Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.
DEX PREP & WATER	No significant acute toxicological data identified in literature search.
LAURYL ALCOHOL, ETHOXYLATED & ETHANOLAMINE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Acute Toxicity	✔	**Carcinogenicity**	✘
Skin Irritation/Corrosion	✔	**Reproductivity**	✘
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✘
Respiratory or Skin sensitisation	✘	**STOT - Repeated Exposure**	✘
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

DEX PREP

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

oxalic acid

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	8215.146mg/L	3
EC50	48	Crustacea	136.9mg/L	2
EC50	96	Algae or other aquatic plants	91267.289mg/L	3

Continued...

	EC0	192	Algae or other aquatic plants	80mg/L	1
	NOEC	0.33	Algae or other aquatic plants	2.000mg/L	4

lauryl alcohol, ethoxylated					
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	1.5mg/L	4
	EC50	72	Algae or other aquatic plants	2.06mg/L	2
	BCF	72	Fish	1mg/L	4
	NOEC	504	Crustacea	0.24mg/L	5

ethanolamine					
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	2-70mg/L	2
	EC50	48	Crustacea	32.6mg/L	2
	EC50	72	Algae or other aquatic plants	2.1mg/L	2
	NOEC	504	Crustacea	0.85mg/L	2

water					
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	897.520mg/L	3
	EC50	96	Algae or other aquatic plants	8768.874mg/L	3

Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
Ecotoxicity:
The tolerance of water organisms towards pH margin and variation is diverse. Recommended pH values for test species listed in OECD guidelines are between 6.0 and almost 9. Acute testing with fish showed 96h-LC50 at about pH 3.5
For oxalic acid and oxalate salts
Environmental fate:
If released to soil, oxalic acid under environmental conditions (pH 5-9) will be in the form of the oxalate ion (pKa1 and pKa2 of 1.25 and 4.28, respectively) and is expected to leach in soil. Photolysis is expected to be an important fate process; the daytime persistence of oxalic acid and oxalates on soil surfaces is not expected to exceed a few hours. Based upon screening biodegradation tests, biodegradation in soil is expected to be important. No experimental data are available to determine whether the oxalate ion will adsorb to sediment or soil more strongly than its estimated Koc value indicates.
If released to water, oxalic acid/ oxalates will not volatilise, adsorb to sediment, bioconcentrate in aquatic organisms, oxidise or hydrolyse. Oxalic acid, however, may act as a leaching agent for those metals that form soluble oxalate complexes, including Al and Fe. This may result in the release of metals which may otherwise be strongly adsorbed to soils.
Based on an average experimental water solubility of 220,000 mg/L at 25 deg C and a regression derived equation, the BCF for oxalic acid can be estimated to be approximately 0.6 and therefore should not be expected to bioconcentrate in aquatic organisms. The predominant aquatic fate processes are expected to be photolysis in surface waters and aerobic and anaerobic biodegradation. If released to the atmosphere, removal from air via wet deposition, dry deposition, and photolysis is likely to occur. Exposure of the general population to oxalic acid/ oxalates is expected to occur through consumption of foods in which it is naturally contained, inhalation of contaminated air, and consumption of contaminated groundwater.
Oxalic acid is a metabolite of ethylene glycol, which in turn is a metabolite of ethylene oxide. In assessing the aggregate exposure to oxalic acid, the residues of ethylene glycol and ethylene oxide must be considered. Food uses of ethylene oxide are thought result in insignificant exposure to drinking water resources. Ethyene oxide does not persist in the environment because it is reactive and degrades by biotic and abiotic processes. Ethylene glycol also breaks down rapidly in air, soils and water and is not expected to bioaccumulate in the environment or foodstuffs. Therefore these metabolites are not expected to contribute significantly to aggregate exposure.
Prevent, by any means available, spillage from entering drains or water courses.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
oxalic acid	LOW	LOW
lauryl alcohol, ethoxylated	LOW	LOW
ethanolamine	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
oxalic acid	LOW (LogKOW = -1.7365)

Continued...

lauryl alcohol, ethoxylated	LOW (LogKOW = 3.6722)
ethanolamine	LOW (LogKOW = -1.31)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
oxalic acid	HIGH (KOC = 1.895)
lauryl alcohol, ethoxylated	LOW (KOC = 10)
ethanolamine	HIGH (KOC = 1)
water	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. ▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Treat and neutralise at an approved treatment plant. Treatment should involve: Neutralisation with soda-ash or soda-lime followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▸ Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package.
The package must be disposed according to the manufacturer's directions taking into account the material it is made of.
Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.
Only dispose to the environment if a tolerable exposure limit has been set for the substance.
Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Continued...

	
Marine Pollutant	NO Not Applicable
HAZCHEM	2X

Land transport (UN)

UN number	1760
UN proper shipping name	CORROSIVE LIQUID, N.O.S. (contains oxalic acid)
Transport hazard class(es)	Class: 8 Subrisk: Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: 274 Limited quantity: 1 L

Air transport (ICAO-IATA / DGR)

UN number	1760
UN proper shipping name	Corrosive liquid, n.o.s. * (contains oxalic acid)
Transport hazard class(es)	ICAO/IATA Class: 8 ICAO / IATA Subrisk: Not Applicable ERG Code: 8L
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: A3 A803 Cargo Only Packing Instructions: 855 Cargo Only Maximum Qty / Pack: 30 L Passenger and Cargo Packing Instructions: 851 Passenger and Cargo Maximum Qty / Pack: 1 L Passenger and Cargo Limited Quantity Packing Instructions: Y840 Passenger and Cargo Limited Maximum Qty / Pack: 0.5 L

Sea transport (IMDG-Code / GGVSee)

UN number	1760
UN proper shipping name	CORROSIVE LIQUID, N.O.S. (contains oxalic acid)
Transport hazard class(es)	IMDG Class: 8 IMDG Subrisk: Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-A , S-B Special provisions: 274 Limited Quantities: 1 L

Continued...

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

SECTION 15 REGULATORY INFORMATION

Safety, health and environmental regulations / legislation specific for the substance or mixture

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002526	Cleaning Products (Corrosive) Group Standard 2017
HSR002596	Laboratory Chemicals and Reagent Kits Group Standard 2017
HSR002582	Fuel Additives (Corrosive) Group Standard 2017
HSR002491	Additives, Process Chemicals and Raw Materials (Corrosive) Group Standard 2017
HSR002609	Metal Industry Products (Corrosive) Group Standard 2017
HSR002681	Water Treatment Chemicals (Corrosive) Group Standard 2017
HSR002636	Photographic Chemicals (Corrosive) Group Standard 2017
HSR002514	Aerosols (Corrosive) Group Standard 2017
HSR002569	Fertilisers (Corrosive) Group Standard 2017
HSR002555	Dental Products (Corrosive) Group Standard 2017
HSR100425	Pharmaceutical Active Ingredients Group Standard 2017
HSR002598	Leather and Textile products (Corrosive) Group Standard 2017
HSR002547	Corrosion Inhibitors (Corrosive) Group Standard 2017
HSR002658	Surface Coatings and Colourants (Corrosive) Group Standard 2017
HSR100757	Veterinary Medicine (Limited Pack Size, Finished Dose) Standard 2017
HSR002618	N.O.S. (Corrosive) Group Standard 2017

OXALIC ACID(144-62-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations (English)

LAURYL ALCOHOL, ETHOXYLATED(9002-92-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations (English)

ETHANOLAMINE(141-43-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
IMO Provisional Categorization of Liquid Substances - List 3: (Trade-named) mixtures containing at least 99% by weight of components already assessed by IMO, presenting safety hazards
International Air Transport Association (IATA) Dangerous Goods Regulations
International Maritime Dangerous Goods Requirements (IMDG Code)
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations (English)

WATER(7732-18-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

IMO IBC Code Chapter 18: List of products to which the Code does not apply
New Zealand Inventory of Chemicals (NZIoC)

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantity beyond which controls apply for	Quantity beyond which controls apply when use occurring in

Continued...

	closed containers	open containers
Not Applicable	Not Applicable	Not Applicable

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (lauryl alcohol, ethoxylated; ethanolamine; water; oxalic acid)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
Thailand - TECI	Yes
Legend:	*Yes = All declared ingredients are on the inventory* *No = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Revision Date	03/04/2019
Initial Date	31/08/2017

SDS Version Summary

Version	Issue Date	Sections Updated
4.1.1.1	01/04/2019	Chronic Health, Classification
5.1.1.1	03/04/2019	Supplier Information, Synonyms, Use

Other information

Ingredients with multiple cas numbers

Name	CAS No
lauryl alcohol, ethoxylated	9002-92-0, 12789-47-8, 101008-55-3, 1010802-24-0, 101840-74-8, 102342-03-0, 106254-08-4, 106254-09-5, 1075258-13-7, 11106-34-6, 113716-35-1, 122779-58-2, 1231209-22-5, 1235485-65-0, 124401-71-4, 1263057-78-8, 1338464-84-8, 1341-05-5, 1361543-25-0, 137736-73-3, 138100-08-0, 141875-75-4, 14675-38-8, 147398-17-2, 148093-10-1, 148498-91-3, 152206-24-1, 176235-62-4, 176596-95-5, 183117-57-9, 186762-97-0, 189388-50-9, 191546-41-5, 201746-17-0, 6540-99-4, 218607-00-2, 221642-91-7, 234761-82-1, 234761-83-2, 234764-37-5, 258278-32-9, 266678-04-0, 266678-05-1, 31798-98-8, 348616-52-4, 359786-16-6, 362661-71-0, 37231-23-5, 37343-87-6, 384842-79-9, 39316-02-4, 39316-41-1, 39363-77-4, 459409-03-1, 503027-85-8, 50815-86-6, 51426-13-2, 53026-66-7, 53241-34-2, 54351-54-1

Continued...

Classification of the preparation and its individual components has drawn on official and authoritative sources using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index